

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Robert J. EIN

Title: THERAPEUTIC APPARATUS

Appl. No.: New application

Filing Date: January 26, 2001

Examiner: Not yet assigned

Art Unit: Not yet assigned

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Commissioner for Patents  
Washington, D.C. 20231

Box PATENT APPLICATION

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Robert J. Ein

☒ [ X ] Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ [ X ] Specification, Claim(s), and Abstract (49 pages).
- ☒ [ X ] Informal drawings (31 sheets, Figures 1-27B).
- ☒ [ X ] Unexecuted Declaration and Power of Attorney ( 3 pages).
- ☐ [ ] Assignment of the invention to OMNITEK INCORPORATED.
- ☐ [ ] Assignment Recordation Cover Sheet.
- ☐ [ ] Small Entity statement.
- ☐ [ ] Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).

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- ☐ Information Disclosure Statement.
- ☐ Form PTO-1449 with copies of \_\_\_ listed reference(s).
- ☐ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$710.00	\$ 710.00
Total Claims:	58	- 20	= 38	x \$18.00	= \$ 684.00
Independents:	3	- 3	= 0	x \$80.00	= \$0.00
If any Multiple Dependent Claim(s) present:				+ \$270.00	= \$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration and late payment of filing fee				+ \$130.00	= \$ 130.00
				SUBTOTAL:	= \$ 1524.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):					= \$ 762.00
				TOTAL FILING FEE:	= \$ 762.00

- ☐ A check in the amount of \$0.00 to cover the filing fee is enclosed.
- ☒ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☐ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: January 26, 2001

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